

FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

BUSY RETAIL CENTER!

PRACTICE IS NEWER & BEAUTIFUL!

50+ NP PER MONTH!

LISTING #	25 - 244	PRICE:	\$675,000		A/R'S:	Negotiable	
LOCATION:	Lakewood	Est.	2017		POPULATION:	Mixed	
DESCRIPTION:	# of Ops: 6	# Not Plumbed:			Sq. Ft.	1,700 +/-	
Lease <input checked="" type="checkbox"/>	Own <input type="checkbox"/>	Option/Renew <input type="checkbox"/>	1 x 5	Yrs. Remain <input type="checkbox"/>	1	\$/Month <input type="checkbox"/>	\$8,700 total
Office Hours	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	FR <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>
	Staff <input type="checkbox"/>	9 - 6	9 - 6	9 - 4	9 - 6	Closed	closed
STAFF	Front: <input type="checkbox"/> 2	Salary: <input type="checkbox"/> \$30 / \$30	Will Stay <input type="checkbox"/> Y				
	Back: <input type="checkbox"/> 3	Salary: <input type="checkbox"/> \$21/\$25/\$28	Will Stay <input type="checkbox"/> Y				
	Other: <input type="checkbox"/> GP	Salary: <input type="checkbox"/> \$800 / 25%	Will Stay <input type="checkbox"/> Y				
	Other: <input type="checkbox"/> Ortho	Salary: <input type="checkbox"/> \$1,800 / day	Will Stay <input type="checkbox"/> Y				

PATIENT PROFILE:

% Group	5-10 Yrs: <input type="checkbox"/>	11-19 Yrs: <input type="checkbox"/>	20-49 Yrs: <input type="checkbox"/>	50-75+: <input type="checkbox"/>
% Reimb	Cash <input type="checkbox"/> 45%	Idemn <input type="checkbox"/>	PPO <input type="checkbox"/> 26%	Plans <input type="checkbox"/>
	Medical <input type="checkbox"/> 26%	Cap <input type="checkbox"/> 3%	Avg. Cap <input type="checkbox"/> \$600 +/-	
% Revenue	Restorative <input type="checkbox"/> 48%	Crown & Bridge <input type="checkbox"/> 20%	Endo <input type="checkbox"/> 2%	Perio <input type="checkbox"/> 6%
	Oral Surgery <input type="checkbox"/> 5%	Prosthetics <input type="checkbox"/> 4%	Ortho <input type="checkbox"/> 13%	Implant <input type="checkbox"/> 2%(19)

Procedures referred out: _____

PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)

# Active Charts <input type="checkbox"/> 2,371	# of Recalls per month* <input type="checkbox"/>
# of New Patients per month* <input type="checkbox"/> 50+	Total # of New Patients YTD* <input type="checkbox"/> 50 as of 2/3, 643 in 2025

Any one referral source account for more than 10% of practice revenue? Yes No

Does practice employ a hygienist? NO Number of days % of Gross

FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)

2023 \$905,726 2024 \$644,499 2025 \$782,827 Current YTD \$67,526 as of 2/3

EQUIPMENT:

# Chairs <input type="checkbox"/> 5	Hygiene <input type="checkbox"/>	Avg. Age <input type="checkbox"/> Newer
# X-Rays <input type="checkbox"/> Digital	Pano <input type="checkbox"/> Space	Other <input type="checkbox"/>

Special Equip owned: Laser Intraoral Camera Y Other

Is the practice computerized? Yes Type of Software: Open Dental

COMMENTS: 100% associate run practice! Busy area near massive retail. 50+ new patients per month, many walk-ins daily. Practice looks beautiful! Plenty of room for a \$2M+ practice! Great equipment, well-trained staff and middle income area!

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REGISTRATION AGREEMENT – CONFIDENTIALITY

IMPORTANT: Please fax back this form to obtain the office location and financial data @ 949-548-0525

In consideration of **FIRST CHOICE PRACTICE SALES INC.**, hereinafter called **FIRST CHOICE**, supplying me with confidential information concerning the following businesses, or any other businesses to which you may otherwise introduce me, I agree to use such confidential information obtained only for purposes of evaluation to purchase. I further agree not to divulge such information to others, except to secure professional advice. **I further agree not to directly contact the owner, employees, landlord, suppliers or disturb any business relationship which includes requesting a position as an associate or asking for permission to visit the practice during practice hours of the seller without first obtaining seller's permission through FIRST CHOICE PRACTICE SALES, INC.**

Should I, or anyone to whom I have introduced those confidential business listings that you previously presented to me, purchase or acquire an interest in any of those businesses, I agree to conduct all negotiations through your office. I further understand that the seller will be responsible for the payment of the commission to **FIRST CHOICE PRACTICE SALES, INC.** I further understand and agree that if I should purchase all or any portion, lease, become an associate of or come into possession of the business through direct negotiations with the seller and without **FIRST CHOICE's** involvement, within one year from date hereof, then a commission is due **FIRST CHOICE** and I will assume responsibility for the payment of that commission.

The commission referred to above is ten percent (10%) of the total purchase price or \$15,000, whichever is greater. Should any controversy arise as a result of this agreement, **FIRST CHOICE** and I hereby agree to have the matter settled by and under the rules of the American Arbitration Association without the necessity of a court order. All rights of discovery allowed by law may be used and the prevailing party shall be entitled to actual attorney fees and costs. Any decision shall be final and binding upon myself and **FIRST CHOICE**.

NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. 25-244

Location Lakewood

Accepted and Agreed to:

Signature

Agent

Print Name

Print Name

Date

Date

Address

Tustin, CA 92780

City _____ Zip _____

Any additions or deletions to this page other than information we have requested will void your request and we will not provide any additional information. Thank you.

Phone (Circle One: Mobile/Home/Business)

E-mail Address

PLEASE FAX BACK TO: 949 548-0525

Phone: (949) 548-4559 • Fax: (949) 548-0525 • www.firstchoicedds.com
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